

Appendix A

Development and Selection of the Steps to a HealthierUS Cooperative Agreement Program's Performance Measures, Indicators, and Data Sources

Annotated Timeline

**October –
December 2003**

CDC staff reviewed the applications of communities funded in 2003 for content relevant to the development of core performance measures and related indicators. CDC staff developed detailed matrices of the outcomes and indicators presented in these applications for each of the six program focus areas (i.e., obesity, diabetes, asthma, nutrition, physical activity, and tobacco use).

December 2003

In Washington, D.C., 44 representatives of communities funded in 2003 participated in working sessions to discuss national-level program evaluation. Small groups proposed outcomes for all levels of the socio-ecological model in each of the six program focus areas. CDC used this information to expand the matrix of short-term, intermediate and long-term outcomes to be considered in developing a national program logic model, preparing a national plan for program evaluation, and identifying core performance measures and indicators.

**January –
February 2004**

Steps communities reviewed the expanded list of possible program outcomes. We asked reviewers the following questions:

- Which outcomes best reflect community-based programs?
- Are there outcomes or indicators that should be ruled out quickly?
- Are there important outcomes or indicators missing from the list?
- Can we identify a set of "core" outcomes for all Steps communities?

We also shared the expanded list of outcomes with HHS and CDC staff working in programs or settings related to the Steps Program. We asked these stakeholders the following questions:

- Which outcomes best reflect community-based programs and agency priorities?
- Are the outcomes and indicators consistent with those measured by your program?
- Are there outcomes or indicators that should be ruled out quickly? If so, why?
- What outcomes or indicators are missing?
- Can we identify a set of "core" outcomes for all Steps communities that are consistent with your approach to performance measurement?

April 2004

Steps Program staff shared a revised list of outcomes and indicators with Steps communities and CDC stakeholders for review and feedback. We encouraged all reviewers to provide detailed comments that included the programmatic or scientific rationale for recommendations. 10 of 12 funded Steps programs provided written feedback.

May 2004

CDC finalized specific health outcomes to be measured via national-level program evaluation.

August 2004

CDC staff prepared a draft of core performance measures linked to program outcomes defined via stakeholder input.

CDC staff held a conference call with partners at the Centers for Medicare & Medicaid Services (CMS) to discuss accessibility of hospitalization discharge data.

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| September 2004 | <p>CDC staff reviewed existing surveys and item inventories to determine possible indicators on factors that predispose people to obesity, diabetes, or asthma (predisposing factors) for core performance measures O-1 and O-2.</p> <p>CDC held a second conference call with partners at CMS to discuss accessibility of hospitalization discharge data. Because of issues around timeliness of data and potential burden on community resources, CDC concluded that other data sources would be more appropriate for the purposes of the core performance measures.</p> |
| October 2004 | <p>CDC staff prepared and distributed two documents to assist Steps communities and stakeholders in understanding the links between the Behavioral Risk Factor Surveillance System (BRFSS) and proposed core performance measures:</p> <ul style="list-style-type: none"> • Matrix of proposed core performance measures and the BRFSS items needed to obtain data on those measures. • List of BRFSS items already used by each Steps community. |
| December 2004 | <p>CDC staff gave all Steps communities a revised matrix of core performance measures and proposed indicators linked to relevant <i>Healthy People 2010</i>³¹ objectives and <i>Indicators for Chronic Disease Surveillance</i>³⁸.</p> <p>CDC began using the Steps WebBoard to disseminate information about core performance measures to Steps communities.</p> |
| February 2005 | <p>CDC staff held two conference calls with all Steps communities to present and discuss the materials released in December 2004. Participating in these calls were 62 representatives from Steps communities, including representatives from 21 of the 22 funded programs. The following decisions were made during the calls:</p> <ul style="list-style-type: none"> • CDC will create a core performance measures workgroup. • CDC will provide monthly updates on core performance measures via conference calls with all communities. <p>CDC staff met with the Deputy Associate Director for Science at CDC's National Center for Chronic Disease Prevention and Health Promotion to discuss the overall approach to the Steps core performance measures.</p> |

March 2005

The core performance measures workgroup was convened with 34 participants: an independent facilitator, 19 representatives of Steps communities, and 14 CDC staff and contractors. The workgroup met weekly to establish a plan of action and discuss substantive issues relevant to the performance measurement approach, specific outcomes, or indicators. Activities of the workgroup were the following:

- Listing practical considerations relevant to this activity.
- Mapping core performance measures to Steps Program Announcements 03135, 04234, and 04134.
- Reviewing performance measures in other agencies and organizations, including how they were developed and implemented.
- Posting detailed minutes for each meeting to the Steps WebBoard.
- Posting all feedback received from stakeholders to the Steps WebBoard.

Steps Program staff met with key partners and liaisons from CDC divisions whose primary responsibility is one of the Steps Program focus areas:

- Division of Adolescent and School Health.
- Division of Adult and Community Health.
- Division of Adult and Community Health, Behavioral Surveillance Branch.
- Division of Diabetes Translation.
- Division of Nutrition and Physical Activity.
- Division of Nutrition and Physical Activity, Obesity Trailblazer Team.
- Office of the Director, National Center for Chronic Disease Prevention and Health Promotion.

The purpose of the meeting was to review Steps Program decisions about the core performance measures. The key recommendation of meeting participants was to expand the core performance measures to include documentation of key features of program implementation.

April 2005

The core performance measures workgroup continued to meet weekly to review and discuss proposed data sources and possible indicators to address predisposing factors. The following were products of the workgroup:

- Summary of current approaches to measuring predisposing factors at all Steps communities.
- Detailed minutes for each meeting. (These were posted to the Steps WebBoard).
- Log of all feedback received from stakeholders. (This was posted to the Steps WebBoard).

The workgroup also made the following decisions:

- CDC will create one-page summaries on each proposed indicator.
- CDC will create reporting templates for all core performance measures.
- CDC will provide data processing information for BRFSS and Youth Risk Behavior Surveillance System (YRBSS) indicators.

CDC staff met with representatives from the Division of Adult and Community Health, Behavioral Surveillance Branch, to discuss general BRFSS issues related to the core performance measures.

CDC staff reviewed current indicators and reporting templates to ensure consistency with BRFSS and YRBSS protocols and procedures.

At the monthly meeting with representatives from the CDC divisions that work in the Steps Program focus areas (Steps Division Liaisons), Steps Program staff discussed key issues and distributed 1) documentation of the development process for the core performance measures and 2) a draft of the core performance measures.

May 2005

The core performance measures workgroup moved to bi-weekly meetings to allow CDC staff sufficient time to prepare materials. The following decisions were made during workgroup meetings:

- The approach to measuring predisposing factors will differ from the approach to measuring other outcome-related measures (i.e., indicators and data sources will vary from one Steps community to another).
- CDC staff will develop a comprehensive guidance document for Steps communities on how to use the core performance measures. It will include documentation of the development process and specific protocols for implementing performance measurement.
- The core performance measures will be the heart of the national Steps Program evaluation; a separate survey to capture data on health outcomes will not be implemented.

CDC posted detailed minutes for each meeting and a log of all feedback received from stakeholders to the Steps WebBoard.

CDC staff met with key stakeholders from the Agency for Healthcare Research and Quality (AHRQ) to review and discuss healthcare-related indicators and data sources (i.e., access to healthcare, quality of healthcare, and use of the healthcare system). AHRQ provided detailed recommendations and guidance for moving forward in this area. Steps Program staff also met with representatives from CDC's Obesity Trailblazers Team (Division of Nutrition and Physical Activity) and CDC's Office on Smoking and Health to discuss appropriate indicators for performance measures O-1 and O-2.

Steps Program staff began working with staff from the Behavioral Surveillance Branch to develop special BRFSS reports tailored to the Steps core performance measures.

June 2005

The core performance measures workgroup met once to review feedback on the draft core performance measures matrix. The following decisions were made during the workgroup meeting:

- Rationale and justification for the Steps Program's approach to the core performance measures will be included in the final guidance document.
- Assessment of data on performance measures will emphasize identifying technical assistance opportunities prior to any funding decisions (i.e., technical assistance to help Steps communities improve their performance will be provided before funding decisions are made).

CDC posted detailed minutes for each meeting and a log of all feedback received from stakeholders to the Steps WebBoard.

The third Steps Cooperative Agreement Workshop for Steps communities took place June 21-23 in Denver, Colorado. A plenary session on the national evaluation focused on the core performance measures. CDC presented the most recent draft of the matrix and information about its development process.

July 2005

CDC issued a final call for comments on the draft core performance measures matrix and invited Steps communities and CDC and HHS stakeholders to provide feedback.

CDC held a conference call with all Steps communities to ensure that they had the information needed to review and provide feedback on the core performance measures matrix. The following decisions were made during the call:

- Assessment criteria need to be developed.
- The Steps Program evaluation should reflect a community-based context; "best available" measures will be necessary.
- The key audience for the core performance measures matrix is Steps communities.
- For core performance measures on predisposing factors (O-1 and O-2), Steps communities should use items most relevant for their programs. For O-2, CDC recommends that indicators reinforce the recommendations of the U.S. Preventive Services Task Force contained in the *Guide to Clinical Preventive Services*.⁴⁴

CDC posted detailed minutes for each meeting and a log of all feedback received from stakeholders to the Steps WebBoard.

July – September 2005

A total of 26 people provided written feedback on the updated draft core performance measures matrix: 22 Steps community staff members and 4 CDC or HHS stakeholders.

CDC reviewed all comments and revised the core performance measures matrix as needed to respond to recommendations from Steps communities and partners.

Steps Program staff met with representatives from the CDC's National Center for Environmental health to identify and reach consensus on appropriate asthma indicators.

October 2005

CDC presented the revised core performance measures matrix to the workgroup. Key topics included:

- Additional symbols added to indicate consistency with other sources (e.g. *The Guide to Community Preventive Services*³⁰, *The Guide to Clinical Preventive Services*⁴⁴).
- Alignment of indicators for CPM O-4, O-6, and O-9 according to issue addressed (i.e. access to healthcare, quality of healthcare, self-management of disease, and complications of disease).
- Addition of one indicator and changes to others to improve the scientific evidence for the core performance measures.
- Addition of CPM O-10: Healthy Days.

The workgroup supported the revised version of the matrix.

CDC posted detailed minutes for each meeting and a log of all feedback received from stakeholders to the Steps WebBoard.

November 2005

Steps Program staff met with representatives of CDC's Division of Diabetes Translation to discuss the assessment of indicator O-9.3. The group reached consensus that the Steps Program's innovative approach is an acceptable proxy measure.

The final core performance measures matrix was distributed to Steps communities and partners.

CDC worked to complete materials for pilot testing the Steps core performance measures reporting process.

December 2005

CDC worked to complete materials for pilot testing the Steps core performance measures reporting process.

January 2006

CDC and Steps to a Healthier Colorado conducted a pilot test to assess the reporting process for the Steps Program core performance measures.

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| February 2006 | <p>CDC convened an internal workgroup to address complex, program-wide issues related to implementing the core performance measures. The internal core performance measures workgroup reviewed and prioritized questions that resulted from the pilot testing of the reporting templates.</p> <p>Steps Program staff and staff from the Behavioral Surveillance Branch finalized special BRFSS reports tailored to the Steps core performance measures.</p> |
| March 2006 | <p>The internal core performance measures workgroup met several times to discuss CPM I-6. The workgroup discussed what guidance to give Steps communities on how to describe the interventions they implemented and the evidence they used as the basis for selecting those interventions.</p> <p>CDC updated the core performance measures reporting templates on the basis of feedback from the pilot test.</p> <p>CDC updated the core performance measures matrix to reflect formatting and editing changes made as a result of the pilot test.</p> |
| April – June 2006 | <p>The internal core performance measures workgroup continued to meet to discuss implementing the core performance measures. The workgroup, in collaboration with the Steps Program leadership, confirmed that data submitted on core performance measures would not be used to reduce, rescind, or increase funding for Steps communities.</p> <p>CDC completed a draft of the guidance document and shared it with members of the Steps community core performance measures workgroup. CDC invited workgroup members to provide feedback on the document.</p> <p>The fourth Steps Cooperative Agreement Workshop for Steps communities took place June 27-29 in Atlanta, Georgia. CDC presented two sessions on the core performance measures. The first session provided an overview of the core performance measures and their development process; the second was an orientation to the core performance measures reporting process.</p> |

**July – August
2006**

Many members of the Steps community core performance measures workgroup provided verbal or written feedback on the draft core performance measures guidance document.

The internal core performance measures workgroup continued to discuss implementation of core performance measures, and held two meetings with program and evaluation staff. These meetings included an in-depth orientation to the core performance measures reporting process and discussion of how CDC staff can best support Steps communities in reporting on core performance measures. Steps program staff reviewed the draft core performance measures guidance document and provided written feedback.

CDC reviewed all comments and revised the guidance document as needed to respond to comments and recommendations provided by both workgroups.

CDC sent a draft of the core performance measures guidance document (tentatively titled *Core Performance Measures: Documenting the Progress of the Steps to a HealthierUS Cooperative Agreement Program*) and related reporting templates to all Steps communities.

**September –
November 2006**

CDC provided the following technical assistance to Steps communities as they completed the first round of reporting:

- Held a conference call with all Steps communities to answer questions and provide guidance on the reporting process.
- Worked with communities by phone to assist with needs specific to individual communities.
- Created and monitored an email account dedicated solely to core performance measures technical assistance.

Steps communities submitted core performance measures data by November 22 reporting deadline.

**December 2006 –
January 2007**

CDC held a working retreat to identify and clarify revisions necessary to complete the core performance measures guidance document.

CDC finalized the core performance measures guidance document, *Core Performance Measures: A Systematic Approach to Process and Outcome Evaluation Across the Steps to a HealthierUS Cooperative Agreement Program*.